

# Innovative Spine Rehab

11900 Kanis Road, Suite D4  
Little Rock, AR 72211  
501-221-6009

## Daily Treatment and Progress Notes

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_ Acct # \_\_\_\_\_  
(Please print) last first

Please indicate precisely the area of your symptoms using "XXX" on the figures below

**Progress Report**

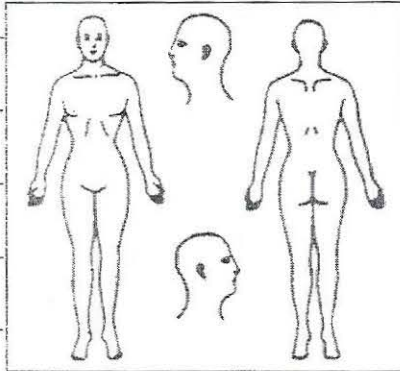
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Since your last visit**

Any NEW conditions? Yes No

New accident / injury? Yes No

Have you seen another doctor? Yes No

Have you missed work? Yes No

If you missed time from work are you still off? Yes No

Last date worked \_\_\_\_\_

Name your conditions in the spaces below:	Please circle current pain level										Compared to last Visit			
	Better					Worse								
	0	1	2	3	4	5	6	7	8	9	10	Better	Same	Worse
1. _____														
2. _____														
3. _____														

**Patient's Signature** \_\_\_\_\_

Please Do not write below this line

New Patient Evaluation	<input type="checkbox"/>	Iontophoresis	<input type="checkbox"/>	TENS	<input type="checkbox"/>
Re-Evaluation	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>	ROM	<input type="checkbox"/>
Hot/Cold Packs	<input type="checkbox"/>	Exercises	<input type="checkbox"/>	PERT	<input type="checkbox"/>
Traction	<input type="checkbox"/>	NMR	<input type="checkbox"/>	FCE	<input type="checkbox"/>
EMS Attended	<input type="checkbox"/>	Manual Therapy	<input type="checkbox"/>		MC701
EMS Unattended	<input type="checkbox"/>	Therapeutic Activity	<input type="checkbox"/>		QC701